

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000006577**

1. Entity Name

APPLIED CELLULAR TECHNOLOGY FINANCIAL CORP.

Principal Place of Business

**360 RT. 101. UNIT 6A
BEDFORD NH 03110**

Mailing Address

**360 RT. 101. UNIT 6A
BEDFORD NH 03110**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0503351

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SULLIVAN, GARRETT A
400 ROYAL PALM WAY, SUITE 410
PALM BEACH FL 33480**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Garrett A. Sullivan, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-24-00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**CV
SULLIVAN, GARRETT A
400 ROYAL PALM WAY, SUITE 410
PALM BEACH FL 33480**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**TD
LOPERT, DAVID A
400 ROYAL PALM WAY, SUITE 410
PALM BEACH FL 33480**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**PSD
ARTIGLIERE, JEROME C
360 RT. 101, UNIT 6A
BEDFORD NH 03110**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
SULLIVAN, RICHARD J
19 NATHANIEL DR
AMHERST NH 03031**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**V
BLACK, CHARLES E
360 RT 101 W., UNIT 6A
BEDFORD NH 03110**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPChange ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPChange ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPChange ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPChange ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPChange ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPChange ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Treasurer
David Loppert*

Date

Daytime Phone #

4-24-00 561-366-4811**FILED
May 11, 2000 8:00 am
Secretary of State**

05-11-2000 90308 043 ***158.75



DO NOT WRITE IN THIS SPACE